

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
COMP / EXTRA / OVERTIME & HOLIDAY SUMMARY SHEET

NAME: _____ DEPT. _____
 First *Last*
 EMPLOYEE ID # N _____ RDOs _____ WORK HOURS _____ ITEM # _____

PEF & CSEA ONLY

DAY	Date	Comp Time	Extra Time	Overtime	OT Meals	Holiday	If OT was voluntary, was there any unscheduled absence charged to sick leave during the overtime week? Please indicate number of hours of sick time used below.	Reason
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
TOTAL								

Employee *This is to certify that I worked the hours assigned & listed, & that this report has been filed accurately.*
 Sign & Print Name: _____ Date: _____

Supervisor
 Sign & Print Name: _____ Date: _____

Deputy Superintendent
 Sign & Print Name: _____ Date: _____

Superintendent
 Sign & Print Name: _____ Date: _____

Timekeeper
 Sign & Print Name: _____ Date: _____

Comp Time - The First 2-1/2 Hours Worked Above Employees Normal 37-1/2 Hours Work Week.

Overtime - Time Worked Above 40 Hours.

*A Copy Of The Employee's NYS DOCCS Attendance Record (Form 1029F), Signed By A Supervisor, Is Required To Process Overtime & Holiday Pay.
 Overtime Week Is Sunday Through Saturday.*